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| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. | FILING DATE | | | | | |
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| | | | | | | | APPLICANT(S) | | | | | | |
| CLAIMS | | | | | | | | | | | | | |
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| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | SERIAL NO. | FILING DATE |
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| TOTAL IND. | 6 | | | | | | |
| TOTAL DEP. | 468 | | | | | | |
| TOTAL CLAIMS | 474 | | | | | | |

INDEX OF CLAIMS

| Claim | Final | Original | Date | Claim | Final | Original | Date | Claim | Final | Original | Date | Claim | Final | Original | Date | Claim | Final | Original | Date |
|-------|-------|----------|------|-------|-------|----------|------|-------|-------|----------|------|-------|-------|----------|------|-------|-------|----------|------|
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| | 5 | 7 | | | 67 | | | | 127 | | | | 187 | | | | 247 | | |
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